

**TO:** Local District Commissioners

**FROM:** Vallencia Lloyd, Director  
Division of Health Plan Contracting and Oversight

**SUBJECT:** Medicaid Managed Care Guarantee

**EFFECTIVE DATE:** January 1, 2013

**CONTACT PERSON:** Local District Support  
Bureau of Program Planning and Implementation--518/473-1134

GIS 00 MA/014 reminded districts that eligible enrollees in Managed Care Organizations were guaranteed six months of continuous coverage from the enrollee's effective date of enrollment. Effective January 1, 2013, Chapter 56 of the Laws of 2013 repealed the six-month guaranteed Medicaid Managed Care coverage period. This change also applies to Family Health Plus.

### **Upstate**

Effective immediately, districts must not enter any cases with guarantee only coverage codes 31 or 36 for Medicaid managed care or Family Health Plus cases. Consumers currently having guarantee only coverage, coverage code 31 or 36, will be allowed to finish out the current guarantee period.

Effective 8/5/13, WMS will bypass edits 0828 and 0829 for closing or deletions for individuals with a guarantee date and who are on a Case Types 20 or 24. For other case types, Local district staff must manually edit the guarantee end date for case closings or deletions when the guarantee date interferes with this action. This also applies to Temporary Assistance cases with closing code 710, as this closing code produces a Medicaid authorization with managed care guarantee coverage code 31. Additional system changes related to guarantee are planned for the October WMS migration such as truncating existing guarantee dates. Those changes will be identified in a WMS Coordinator letter.

### **NYC**

Process will continue as is until system changes are made. System changes related to guarantee are planned for the October WMS migration. Those changes will be identified in a WMS Coordinator letter.